



Exhibitor Space Reservation Application Form

The Practitioners Conference 2014
29th – 31st May 2014 at Manchester Cathedral
APPLICATION CLOSING DATE: TUESDAY 25TH MARCH

1. Company Information

* indicates mandatory information

| | | | |
|-------------------------------|--|------------------|--|
| Organisation Name * | | | |
| Address * | | | |
| | | | |
| | | Postcode: | |
| Telephone * | | | |
| | | | |
| Type of Organisation * | | | |

Main Contact Details: (i.e. The person responsible for the booking)

| | | | |
|-----------------------------------|------------------------|----------------|--|
| Title (Mr, Mrs, Ms, etc) * | | | |
| | First Name * | Surname | |
| | Job Title * | | |
| Direct Telephone * | | Mobile | |
| Email Address * | (please print clearly) | | |

2. Exhibitor Profile

Exhibitor profiles will be included in the conference delegate packs. You are kindly asked to submit your profile and company logo with this booking.

The profile should be a maximum of 75 words and include company contact information.

The text should be plain text, but may include bold and italic formatting.

The profile must be a Word file (doc or docx) and logo must be a jpeg or gif image file.

Thank you for your cooperation.

3. Stand Requirements

If you do not request these, they will not be provided.

Please indicate how many **chairs/tables** you require (optional):

| | | | | |
|---|--------|--|--------|--|
| (Max 1 table, 2 chairs) | Chairs | | Tables | |
| Will you require WiFi access (no charge)? | Yes | | No | |
| Will you require an power supply to the stand? | Yes | | No | |

(Please note: The Exhibition Space is located in the main conference area, sound will be limited)

Please give detailed information on what this will be used for eg. Laptop, lighting etc



4. Stand Contacts

Strictly two per stand included in Exhibitors Package

1st Stand Contact

| | | | |
|----------------------------|--------------|------------------------|-----------|
| Title (Mr, Mrs, Ms, etc) * | | | |
| | First Name * | | Surname * |
| | Job Title * | | |
| Mobile Number * | | | |
| Email Address * | | (please print clearly) | |

Special Requirements

| | | | |
|---|--|-----|----|
| Does this person have any special requirements (disability etc) | | | |
| | | Yes | No |
| If yes, provide details | | | |
| | | | |

2nd Stand Contact

| | | | |
|----------------------------|--------------|------------------------|-----------|
| Title (Mr, Mrs, Ms, etc) * | | | |
| | First Name * | | Surname * |
| | Job Title * | | |
| Mobile Number * | | | |
| Email Address * | | (please print clearly) | |

Special Requirements

| | | | |
|---|--|-----|----|
| Does this person have any special requirements (disability etc) | | | |
| | | Yes | No |
| If yes, provide details | | | |
| | | | |

5. Payment

| | | |
|--|-------------------------|--|
| | Invoice my organisation | |
| | Credit Card Payment | |

We will contact you by phone to make a credit card payment. A receipt will be issued confirming your payment.

Invoice Address: (if different to the above address)

| | |
|--|--|
| | |
| | |
| | |

6. Terms and Condition

Payment must be received within 14 days of your application. Should payment not be received within this time period, Ascension Trust reserves the right to offer the Exhibitors Space to another organisation. Failure to supply a correct invoice address could delay payment. Cancellations are not possible once a reservation and payment has been made. By signing this application form, you agree to abide by the terms and conditions layed out in this document.

| | | | | | |
|---------|--|-------------|--|-------|--|
| Signed: | | Print Name: | | Date: | |
|---------|--|-------------|--|-------|--|

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